

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$325)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -3 PM 3:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 756902 (3)

1. Corporation Name

**BREVARD COUNTY FLORIST ASSOCIATION OF FLORIDA, I
NC.**

Principal Place of Business

Mailing Address

2525 AURORA RD
 P.O. BOX 36-2026
 MELBOURNE FL 32935-4165

2525 AURORA RD
 P.O. BOX 36-2026
 MELBOURNE FL 32935-4165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1981

3a. Date of Last Report

07/13/1994

4. FEI Number

59-2344594

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
 Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
 Tax Exempt Status

☒

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 190.022,
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHORLEY, JOANN
 2525 AURORA ROAD
 MELBOURNE FL 32935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FLEMING, LYNN
STREET ADDRESS	2525 AURORA ROAD #101
CITY - ST - ZIP	MELBOURNE FL
TITLE	VD
NAME	BEVERLY, CHRISTO
STREET ADDRESS	2525 AURORA ROAD #101
CITY - ST - ZIP	MELBOURNE FL
TITLE	PD
NAME	WHORLEY, JOANN
STREET ADDRESS	2525 AURORA ROAD
CITY - ST - ZIP	MELBOURNE FL 32935
TITLE	TD
NAME	LOMAZZO, PATTI
STREET ADDRESS	2525 AURORA ROAD, SUITE 101
CITY - ST - ZIP	MELBOURNE FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	P	☒ Change ☐ Addition
12 NAME	Whorley JOANN	
13 STREET ADDRESS	2525 AURORA Rd	
14 CITY - ST - ZIP	MELBOURNE, FL 32935	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Whorley JOANN Whorley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/95 242-2300

(Signature) (Typed Name)

CR2E037 (3/95)